

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019561

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

098

Primary Registration District No.

Registrar's No.

51

FILED MAY 7 1963

1. PLACE OF DEATH

a. COUNTY

Daviess

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Gallatin

Length of stay in 1b

19 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Rousseau Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Daviess

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Eula

Bernice

Caraway

4. DATE
OF
DEATH

Month

Day

Year

May

2

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-22-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Daviess Co., Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Eben T. Smith

13b. MOTHER'S MAIDEN NAME

Ada Ola VanVolkenburg

14. NAME OF HUSBAND OR WIFE (Dec'd)

Marvin C. Caraway

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

758

17. INFORMANT

Ira Smith, Gallatin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary T. thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

aplastic anemia

DUE TO (c)

Bronchial asthma, Cellulitis, arthritis

6 min

5 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

acute tuberculosis of 5 weeks duration

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1959 to May 2/63 and last saw her
him alive on May 2
Death occurred at 2:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Rev. Bailey M.

22b. ADDRESS

Gallatin Mo

22c. DATE SIGNED

5/3/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5-4-63

23c. NAME OF CEMETERY OR CREMATORY

Centenary Cemetery

23d. LOCATION (City, town, or county)

Daviess Co. Missouri

24. FUNERAL DIRECTOR

ADDRESS

H. Ope Funeral Home, Gallatin, Mo.

25. DATE RECD. BY LOCAL REG.

5/6/63

26. REGISTRAR'S SIGNATURE

Virginia M. Englehart

W. L. Drummond, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0310

2 0310

3

4 1

5 2

6

7 0

8 0

2424C

9

10

11

12 86-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. Dickerson

Licensed Embalmer No.

3302

P. O. Address

Dallas, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.